

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016156

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2348 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 6 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI b. COUNTY Henry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL	c. CITY OR TOWN WINDSOR Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b 42 days	d. STREET ADDRESS (If outside, give location) 606 EAST FLORENCE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First DANIEL Middle ROYE Last MC ALLISTER	4. DATE OF DEATH April 18, 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6-21-94
9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Windsor, Missouri
11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John McAllister	13b. MOTHER'S MAIDEN NAME -Las Vegas, Nev.
14. NAME OF HUSBAND OR WIFE Billie L. McAllister, 2819 Reynolds, / VA Hospital Official Records, K.C. Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> WWT	
16. SOCIAL SECURITY NO.	
17. INFORMANT VA Hospital Official Records, K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) MUCOUS TRACHEO BRONCHITIS WITH ASPHYXIATION	
DUE TO (b) DIFFUSE VESICULAR EMPHYSEMA OF LUNGS	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:15 Month, Day, Year March 7, 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Windsor, Mo COUNTY STATE	
21. I attended the deceased from March 7, 1963 to April 18, 1963	
Death occurred at 2:15 P M on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Stephen Parks, M.D. (Signature or title)	22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 4-18-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-20-1963
23c. NAME OF CEMETERY OR CREMATORY Lawrel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor, Mo
24. FUNERAL DIRECTOR Clifford Louge ADDRESS Windsor, Mo	25. DATE RECD. BY LOCAL REG. 4-19-63
26. REGISTRAR'S SIGNATURE Ruth Song	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 11 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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